

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		<p>Complete if Known</p>													
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/516,891-Conf. #2406</td> </tr> <tr> <td>Filing Date</td> <td>May 31, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Rupert C. Scheiner</td> </tr> <tr> <td>Examiner Name</td> <td>Pamela M. Bays</td> </tr> <tr> <td>Art Unit</td> <td>4118</td> </tr> <tr> <td>Attorney Docket No.</td> <td>22409-00275-US</td> </tr> </table>		Application Number	10/516,891-Conf. #2406	Filing Date	May 31, 2005	First Named Inventor	Rupert C. Scheiner	Examiner Name	Pamela M. Bays	Art Unit	4118	Attorney Docket No.	22409-00275-US
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METHOD OF PAYMENT (check all that apply)

☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☐ Deposit Account
 Deposit Account Number: 22-0185
 Deposit Account Name: Connolly Bove Lodge & Hutz LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)	52	26	
Each independent claim over 3 (including Reissues)	220	110	
Multiple dependent claims	390	195	

Total Claims 27 - 20 or HP = **Extra Claims** 7 **Fee (\$)** 1540 = **Fee Paid (\$)** 1540

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 5 - 5 or HP = **Extra Claims** 0 **Fee (\$)** 0 = **Fee Paid (\$)** 0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims **Fee (\$)** 390 **Fee Paid (\$)** 390

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**

Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00

SUBMITTED BY			
Signature	/Michael G. Verga/	Registration No. (Attorney/Agent)	39,410
Name (Print Type)	Michael G. Verga	Telephone	(202) 331-7111
		Date	May 12, 2009